

CLAIMS ONLY

Application Number

09/804,409

Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED 6-26-06		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
2						
3						
4						
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46						
47						
48						
49						
50						
Total Indep						
Total Depend						
Total Claims						

	6-26-06					
	Indep	Depend	Indep	Depend	Indep	Depend
51						
52						
53						
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99						
100						
Total Indep						
Total Depend						
Total Claims						

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

09/804 409
APPLICANT

6-26-06

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEF.	IND.	DEF.	IND.	DEF.
101						
102						
103						
104						
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148						
149						
150						
TOTAL IND.	2	↓		↓		↓
TOTAL DEF.	28	←		←		←
TOTAL CLAIMS	30					

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEF.	IND.	DEF.	IND.	DEF.
151						
152						
153						
154						
155						
156						
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198						
199						
200						
TOTAL IND.		↓		↓		↓
TOTAL DEF.		←		←		←
TOTAL CLAIMS						

1 cont.